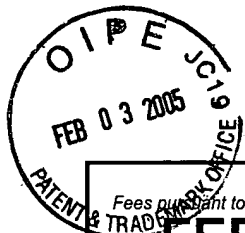




TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/282,229
	Filing Date	March 31, 1999
	First Named Inventor	Forin
	Group Art Unit	2126
	Examiner Name	T.T. Ho
<input type="checkbox"/> Sent via Express Mail Label No.:	Attorney Docket Number	116650.05

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final (13 pages) <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s) (# sheets)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Petition for Extension of Time Under 37 CFR 1.136(a) (in duplicate)	<input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Newly Executed (# pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (# pages)	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Application Data Sheet
CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a))	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Request for Corrected Filing Receipt
<input checked="" type="checkbox"/> I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return Receipt Postcard
<u>01-31-05</u> <i>David S. Lee</i> <i>Rimman N. Oks</i>	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <u>Statement under 37 CFR 3.73(b);</u> <u>Copy of the Assignment Document;</u> <u>Notice of Appeal</u>
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.

SIGNATURE OF ATTORNEY OR AGENT					
Signature	<i>David S. Lee</i>	Reg. No.	38,222		
Name of Attorney or Agent		David S. Lee			
Date	<i>January 31, 2005</i>	Tel.	(425) 703-8092	Facsimile No.	425-707-9382
Assignee Name:		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052			
Customer Number:		22971			



Effective on 12/08/04
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**950.00**

Complete if Known

Application Number	09/282,229
Filing Date	March 31, 1999
First Named Inventor	Forin
Examiner Name	T.T. Ho
Art Unit	2126
Attorney Docket No.	116650.05
Express Mail Label No.	N/A

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 36 - 52 or HP = 0 Extra Claims 0 Fee (\$)50 Fee Paid (\$)0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 1 - 6 or HP = 0 Extra Claims 0 Fee (\$)200 Fee Paid (\$)0

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets / 50 = (round up to a whole number) x Fee (\$) Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other: Notice of Appeal Fee (\$500.00); Extension for response within second month (\$450.00) \$950.00

SUBMITTED BY

Signature	<i>David S. Lee</i>	Registration No. (Attorney/Agent) 38,222	Telephone (425) 703-8092
Name (Print/Type)	David S. Lee	Date	<i>January 31, 2005</i>